



State of Wisconsin
Department of Children & Families

Application and Affidavit for Recreational License

Please print your responses. Each signature on the affidavit must be signed in the presence of a notary public.

Full Name of Applicant (First)		(Middle)	(Last)		(Maiden)
Address Street		Apt	City		State Zip Code
Mailing Address (if different than above)					
Gender male/female	Height (feet) (inches)		Weight	Hair Color	Eye Color
Date of Birth		County of Birth	State of Birth		
Phone Number ()	Cell Phone Number ()		Driver's License No.		
Applicant's Father's Full Name (First)		(Middle)	(Last)		
Applicant's Mother's Maiden Name (First)		(Middle)	(Last)		

Affidavit

I hereby attest that I do NOT have a Social Security number because:

- ☐ I have an approved IRS Form 4029 (exemption from paying Social Security taxes)
- ☐ I am a dependent of parent with approved IRS Form 4029
- ☐ Other (explanation required)

If at any time in the future I obtain a Social Security number, I will provide it to the Department of Natural Resources within 30 days of receipt.

I understand that providing a false affidavit automatically makes this application invalid. Therefore, any and all licenses issued as a result will also be invalid, and I may be subject to penalties for false swearing under s. 946.32, Stats., and for hunting, fishing, or trapping without a valid license under ss. 29.971 and 29.974, Stats.

Applicant's signature

Parent's signature (if applicant is a dependent)

Subscribed and affirmed to before me
this ____ day of _____, _____

Subscribed and affirmed to before me
this ____ day of _____, _____

Notary public, State of Wisconsin

Notary public, State of Wisconsin

My commission (is permanent)____ Expires_____

My commission (is permanent)____ Expires_____

The completed notarized form must be submitted to the DNR. You may visit your local service center location for instant issuance, or mail to: DNR Customer Service & Licensing, P.O. Box 7924, Madison, WI 53707-7924. Affidavits received by mail will be processed within five working days. After a DNR customer number is assigned, you may purchase your license at any DNR authorized sales agent location.

Information provided on this form (including any attachments) may be shared with others only for the purpose(s) of administration of the child support program and other related programs [Wis. Statutes, s. 49.83].

DCF-F-2461-E (N. 07/2009)

FOR DNR USE ONLY:

Date Assigned: _____

DNR Customer Number _____

Date Forwarded to DWD: _____